

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030956

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 328 Primary Registration District No. 3623 Registrar's No. 20

STATE FILE NUMBER

FILED JUL 30 1963

VS 300
Rev. 4/59

1 1001

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12 21-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		c. CITY OR TOWN CHAFFEE	
Length of stay in 1b 24 hrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHAFFEE CLINIC		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SUSAN Middle LOUISE Last GRAHAM		4. DATE OF DEATH Month 7 Day 21 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-20-63
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Chaffee, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Billy Graham		13b. MOTHER'S MAIDEN NAME Melba Qualls	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. No		17. INFORMANT Mr. J. A. Qualls, Diehlstadt, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary hyaline membrane c. Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. prematurity DUE TO (b) prematurity DUE TO (c) prematurity PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 12 hour	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 21-2 a.m. 1-0 p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY SCOTT STATE MISSOURI
21. I attended the deceased from 7/20/63 to 7/21/63 and last saw her alive on 7/21/63 Death occurred at 3:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Herbert D. Buehler		22b. ADDRESS Chaffee, Mo.	
22c. DATE SIGNED 7-22-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-22-63	23c. NAME OF CEMETERY OR CREMATORY Maynard Cemetery	
23d. LOCATION (City, town, or county) Diehlstadt, Mo.		23e. DATE RECD. BY LOCAL REG. 7-24-63	
24. FUNERAL DIRECTOR WUNNELEE FUNERAL CHAPEL, CHARLESTON, MO.		26. REGISTRAR'S SIGNATURE Mrs. Fred Buehler	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Ammel

Licensed Embalmer No. 3851

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.